

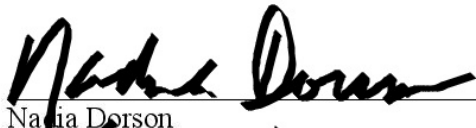
LEVIN-EPSTEIN & ASSOCIATES, P.C.

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CONSENT TO SUE

By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest the failure of NYU Langone Hospital-Brooklyn and its owners and affiliates to pay me, *inter alia*, overtime wages as required under state and/or federal law and also authorize the filing of this consent in the lawsuit challenging such conduct, and consent to being named as a representative plaintiff in this action to make decisions on behalf of all other plaintiffs concerning all aspects of this lawsuit. I have been provided with a copy of a retainer agreement with the law firm of Levin-Epstein & Associates, P.C., and I agree to be bound by its terms.

NADIA DORSON



Nadia Dorson



Date